Under the Paperwork Reduction	Act of 19	95, no person are re	quired to	respond to a collection	n of informati	on unless it displays	e valid OMB	control number		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2007				Complete if Known						
				Application Number		10/743,738-Conf. #9089				
				Filing Date		December 24, 2003				
				First Named Inventor Examiner Name		Akinori TAIRA				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2618							
TOTAL AMOUNT OF PAYMENT (\$) 950.00			Attorney Docket No. 0649-0922P							
METHOD OF PAYMENT (check all that apply)										
Check Credit Card		Money Order	Nor	oc Other (please ident	ify):				
x Deposit Account Geposit A	ccount Nu	mber 02-2448 c	leposit Acc	ount Name	Birch, Ste	wart, Kolasch	& Birch, L	LP		
For the above-identifie	d deposi	t account, the D	irector is	hereby authorize	d to: (chec	k all that apply)				
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of										
FEE CALCULATION										
1. BASIC FILING, SEARCH, A	ND EXA	MINATION FEE	s		-					
	FILII	NG FEES	SEA	ARCH FEES	EXAMIN	IATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Pald (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES								Small Entity		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)							50	25		
Each independent claim over 3 (including Reissues)							200	100		
Multiple dependent claims							360	180		
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depen										
HP = highest number of total claims paid for, if greater than 20							ee Pald (\$	1		
Indep. Claims Extra Cla		Fee (\$)	Fee F	aid (\$)				-		
. = X =										
HP = highest number of independent	claims pa	id for, if greater than	13							
3. APPLICATION SIZE FEE										
If the specification and drawi listings under 37 CFR 1.5:	ngs exce	ed 100 sheets o	f paper	excluding electr	onically fil	ed sequence or	computer	,		
sheets or fraction thereof.					oi sinan ci	itity) for cacil ac	iditional 50	,		
	Sheets			dditional 50 or frac	tion thereo	Fee (\$)	Fee I	Paid (\$)		
- 100 =		/5o =		(round up to a who	le number)	× =				
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1401 Notice of appeal							500.00			
1252 Extension for response within second month 450								0.00		
SUBMITTED BY						.,				
Signature	75_	11,-		Registration No (Attorney/Agent)	48,917	Telephone	(703) 20	5-8000		
Name (Print/Type) Chad J. Billings Oate							May 11, 2007			